

REQUEST FOR QUOTATION (THIS IS NOT AN ORDER)		SET ASIDE: 8(a) <input checked="" type="checkbox"/> IS <input type="checkbox"/> IS NOT	TYPE: Tiered Evaluation		PAGE 1	OF PAGES 1
1. REQUEST NO.	2. DATE ISSUED 04/24/2012	3 REQUISITION/PURCHASE REQUEST NO. DTFAEN-12-Q-00012		4. CERT. FOR NAT. DEF. UNDER BDSA REG. 2 AND/OR DMS REG.1 ➔	RATING	
5a. ISSUED BY Mike R. Wargo AAQ-510ATL				6. DELIVER BY (Date) 05/24/2012		
5B. FOR INFORMATION CALL (NO COLLECT CALLS)				7. DELIVERY OTHER <input checked="" type="checkbox"/> FOB DESTINATION <input type="checkbox"/> (SEE SCHEDULE)		
NAME Mike R. Wargo ASO-52 1701 Columbia Ave College Park, GA 30337 E-Mail: mike.wargo@faa.gov FAX : 404-305-5774		TELEPHONE NUMBER AREA CODE 404 NUMBER 305-5792		9. DESTINATION		
				a. NAME OF CONSIGNEE Federal Aviation Administration		
8. TO BE COMPLETED BY QUOTER:		b. STREET ADDRESS				
a. NAME		b. COMPANY		Multiple Locations-See Attachment		
c. STREET ADDRESS		c. CITY				
d. CITY		e. STATE	f. ZIP CODE	d. STATE		e. ZIP CODE
10. PLEASE FURNISH QUOTATIONS TO THE ISSUING OFFICE IN BLOCK 5A ON OR BEFORE CLOSE OF BUSINESS (Date) 05/01/2012 by 2:00PM EST		IMPORTANT: This is a request for information, and quotations furnished are not offers. If you are unable to quote, please so indicate on this form and return it to the address in Block 5A. This request does not commit the Government to pay any costs incurred in the preparation of the submission of this quotation or to contract for supplies or services. Supplies are of domestic origin unless otherwise indicated by quoter. Any representations and/or certifications attached to this Request for Quotations must be completed by the quoter.				
11. SCHEDULE (Include applicable Federal, State and local taxes)						
ITEM NO. (a)	SUPPLIES/SERVICES (b)		QUANTITY (c)	UNIT (d)	UNIT PRICE (e)	AMOUNT (f)
	<u>See attachment 1</u> Fall Protection Equipment					
12. DISCOUNT FOR PROMPT PAYMENT OFFERED		a. 10 CALENDAR DAYS (%)	b. 20 CALENDAR DAYS (%)	c. 30 CALENDAR DAYS (%)	d. CALENDAR DAYS NUMBER PERCENTAGE	
NOTE: Additional provisions and representations <input checked="" type="checkbox"/> are <input type="checkbox"/> are not attached.						
Product Listing (attachment 1), MUST be DBI/SALA Brand ONLY, NO Substitute						
See Business Declaration Form (attachment 2)						
13. NAME AND ADDRESS OF QUOTER			14. SIGNATURE OF PERSON AUTHORIZED TO SIGN QUOTATION		15. DATE OF QUOTATION	
a. NAME OF QUOTER			16. SIGNER		b. TELEPHONE	
b. STREET ADDRESS						
c. COUNTY			a. NAME (Type or print)		AREA CODE	
d. CITY		e. STATE	f. ZIP CODE	c. TITLE (Type or print)		NUMBER